



## AUTHORIZATION

I UNDERSTAND THAT THE INFORMATION GIVEN ON THIS CLAIM FORM IS GIVEN FOR THE PURPOSE OF MY OBTAINING BENEFITS UNDER THE LEGAL ASSISTANCE FUND. I EXPRESSLY AUTHORIZE MY ATTORNEY TO PROVIDE TO THE LEGAL ASSISTANCE FUND THE ADDITIONAL INFORMATION REQUESTED IN SECTION TWO OF THIS CLAIM FORM AND ANY ADDITIONAL INFORMATION NECESSARY TO PROCESS THIS CLAIM.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF EMPLOYEE)

FILING DEADLINES FOR REIMBURSEMENT OR ASSIGNMENT OF BENEFITS. A claim for Benefits by OTHER THAN PLAN ATTORNEYS must be submitted and received no later than the end of the calendar year after the calendar year in which the services are rendered, or the claim will be denied. Call 678-714-3526 to have your questions answered about filing deadlines or this Claim Form.

\_\_\_\_\_  
(SIGNATURE OF DEPENDENT FOR WHICH A CLAIM IS BEING MADE IF HE/SHE IS OVER 18 YEARS OF AGE)

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### NOTE TO CLAIMANTS AND THEIR ATTORNEYS

The Legal Assistance Fund provides funds to participating employees for the purpose of assisting the employee (or dependent) in obtaining the services of a licensed attorney in connection with the employee's (or dependent's) legal problems or needs, should the necessity arise. The Legal Assistance Fund will either (1) reimburse the employee up to the maximum amount then available in accordance with the Legal Assistance Fund Plan; or (2) pay the benefit to which the employee is entitled, if any, directly to the attorney where the employee authorizes this to be done. **The Legal Assistance Fund does not provide funds for filing fees, court costs, or litigation expenses.**

The Legal Assistance Fund does not become part of any attorney-client relationship nor does it exercise any participation in the legal affairs of a covered employee. Should the fees charged by an attorney exceed the maximum benefits payable under the Fund Plan, the employee is alone responsible for the additional or remaining portion of his attorney's fees.

Any questions about the coverage under the Plan or any questions concerning the correct completion of this Claim Form may be directed to the Legal Assistance Fund Office by telephoning collect to the above number or by writing to the above address.

**SECTION TWO**  
(TO BE COMPLETED BY ATTORNEY FOR CLAIMANT)

**ATTENTION: ATTORNEY'S TAX ID# OR SS # MUST BE INCLUDED BEFORE PAYMENT CAN BE ISSUED:** \_\_\_\_\_

1. Attorney's Name: \_\_\_\_\_

2. Attorney's Address: \_\_\_\_\_  
No. & Street City State Zip Code

3. Attorney's Mailing Address: \_\_\_\_\_  
No. & Street City State Zip Code

(If Different From Above)

4. Office Phone No.: \_\_\_\_\_ 5. Date Claimant Contacted You: \_\_\_\_\_  
month / day / year

6. NATURE OF CAUSE OF ACTION AND/OR SERVICES REQUESTED: (Examples: "Preparation of Will;" "uncontested divorce, document preparation and court appearance;" or "defense of garnishment, traverse, and court appearance.")

\_\_\_\_\_  
\_\_\_\_\_

7. FEES CHARGED FOR:

A. Consultation and/or Document Preparation: \$ \_\_\_\_\_

B. Court Appearance(s): \$ \_\_\_\_\_ Court Date: \_\_\_\_\_

\*\*\*8. TOTAL FEES CONTRACTED FOR/ESTIMATE OF TOTAL FEE:\$ \_\_\_\_\_

\*\*\*(THIS INFORMATION IS REQUESTED FOR ITS STATISTICAL VALUE ONLY. THE LEGAL ASSISTANCE FUND UTILIZES SUCH INFORMATION IN STRUCTURING FUTURE BENEFITS.)

The undersigned certifies that he/she is a duly licensed attorney in the State of \_\_\_\_\_, and that he/she has provided the legal services specified herein for \_\_\_\_\_  
(Name of Client)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Attorney for Claimant)

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**IMPORTANT: READ "NOTE TO CLAIMANTS AND THEIR ATTORNEYS" ON REVERSE SIDE. ALSO, REMEMBER TO CONTACT THE FUND PRIOR TO INCURRING LEGAL EXPENSES TO CONFIRM ELIGIBILITY UNDER THE PLAN AND THAT SERVICES TO BE PROVIDED BY THE OUTSIDE ATTORNEY ARE COVERED UNDER THE PLAN.**

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**SECTION THREE - ASSIGNMENT OF BENEFITS**

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE-NAMED ATTORNEY FOR THE LEGAL ASSISTANCE FUND BENEFITS TO WHICH I AM ENTITLED UNDER THE TERMS OF THE FUND PLAN.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee)

**FOR FUND USE ONLY**

\$ _____ :App'd.	_____ :D/P	\$ _____ :App'd.	_____ :D/P
_____ : By	_____ :Ck.No	_____ : By	_____ : Ck.No.